

CLAIMS ONLY						Application Number	Filing Date	
						Applicant(s)		
* May be used for additional claims or amendments								
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend		
1							51	
2			1				52	
3			1				53	
4			1				54	
5			1				55	
6			1				56	
7			1				57	
8			1				58	
9			1				59	
10			1				60	
11			1				61	
12			1				62	
13			1				63	
14			1				64	
15			1				65	
16			1				66	
17			1				67	
18			1				68	
19			1				69	
20							70	
21							71	
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36							86	
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38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
Total Indep							Total Indep	
Total Depend							Total Depend	
Total Claims							Total Claims	